

# Complaint Data



**The following section contains an analysis of state-wide information collected by the Texas Department of Insurance.**

# HMO Complaint Data

The tables and charts shown in this section provide you with important information regarding the number and type of complaints against HMOs that have been registered with the Texas Department of Insurance (TDI) by medical providers, patients and others.

## Most Common Reasons for Complaint

Analysis of complaints filed against HMOs with the Texas Department of Insurance indicates a significant decrease in total complaints. While the total enrollment in HMOs declined, total complaints dropped 43% compared to the prior reporting year. The most common reasons for complaint continue to be **UNSATISFACTORY SETTLEMENT OFFER (28%)** and **DENIAL OF CLAIM (27%)**. The continued decline of complaints relating to **DELAYS IN CLAIMS HANDLING (19%)** may be related to strengthening and enforcement of prompt pay rules.

Most Common Reasons for Complaint		2006	2005	2004	2003
Delays in Claims Handling	Provider and patient complaints about lack of timeliness in which claims are handled	19%	26%	25%	35%
Denial of Claim	Provider and patient complaints related to denial of coverage for health care service	27%	26%	23%	21%
Unsatisfactory Settlement Offer	Often relates to health care providers dissatisfied with HMO compensation for services	28%	27%	24%	17%
Balance Billing	Inappropriate billing of the patient for charges the HMO is expected to pay	2%	2%	4%	4%
Access to Care	Usually related to HMO gatekeeping functions or internal bureaucracy	2%	2%	2%	3%
Recoupment of Claims Payment	Relates to overpayment by HMO and subsequent dispute when HMO requires refund from provider.	4%	2%	-	-
Timely Filing Deficiency	A dispute between an insurance company and a provider regarding timely filing of a claim.	5%	2%	-	-

Source: Texas Department of Insurance; July 1, 2002 to June 30, 2006

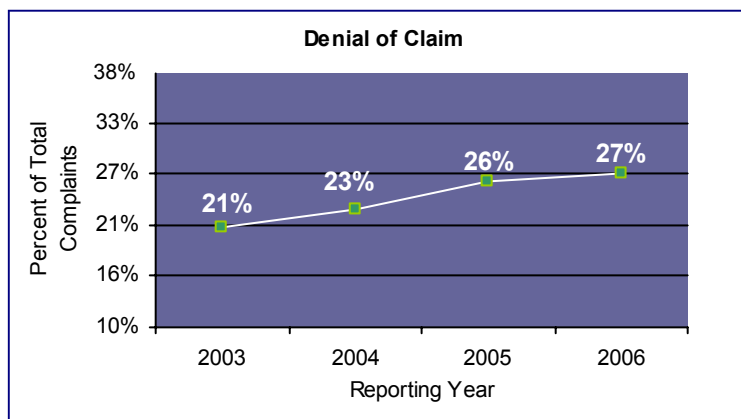
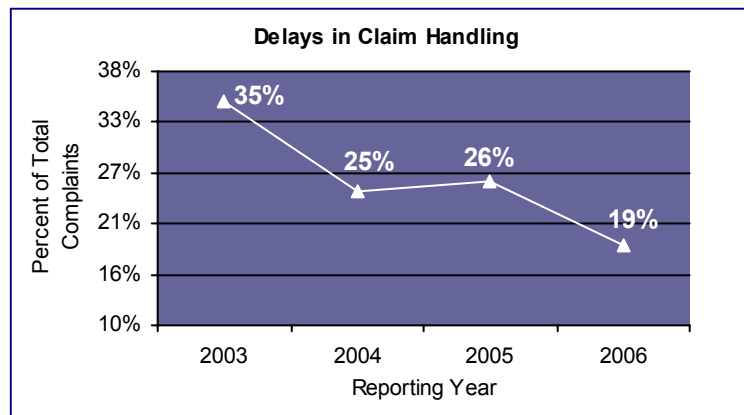
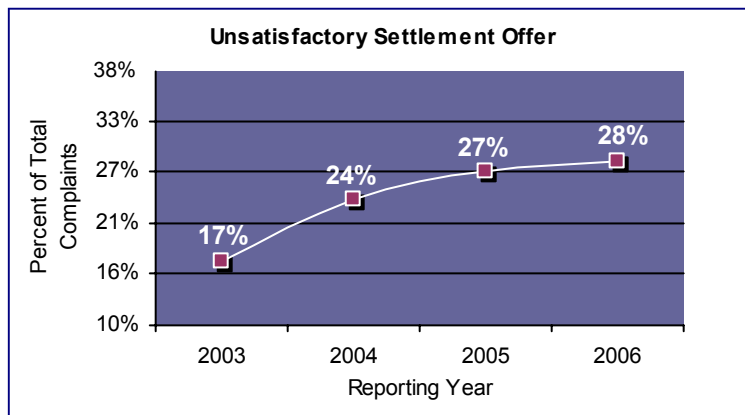
### Explanatory Notes

#### Disposition

Closed complaints against HMOs are reported regardless of whether TDI determines the complaint justified or unjustified.

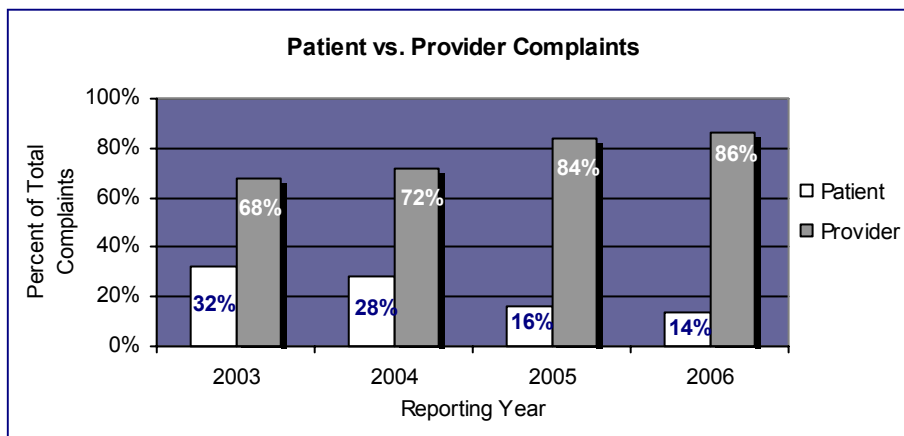
#### Verification

The Office of Public Insurance Counsel does not audit or otherwise attempt to verify the accuracy of the complaint or enrollment data used in this section of the report.



### Patient vs. Provider Complaints

The overall number of complaints filed by providers and patients declined for the 2006 reporting year. An analysis of prior year trends indicates a continued increase in the percentage of overall complaints filed by providers (includes doctors, hospitals and other health care contracted and non-contracted providers). For the current reporting period, the percentage of provider complaints increased slightly and the overall trend remained the same.



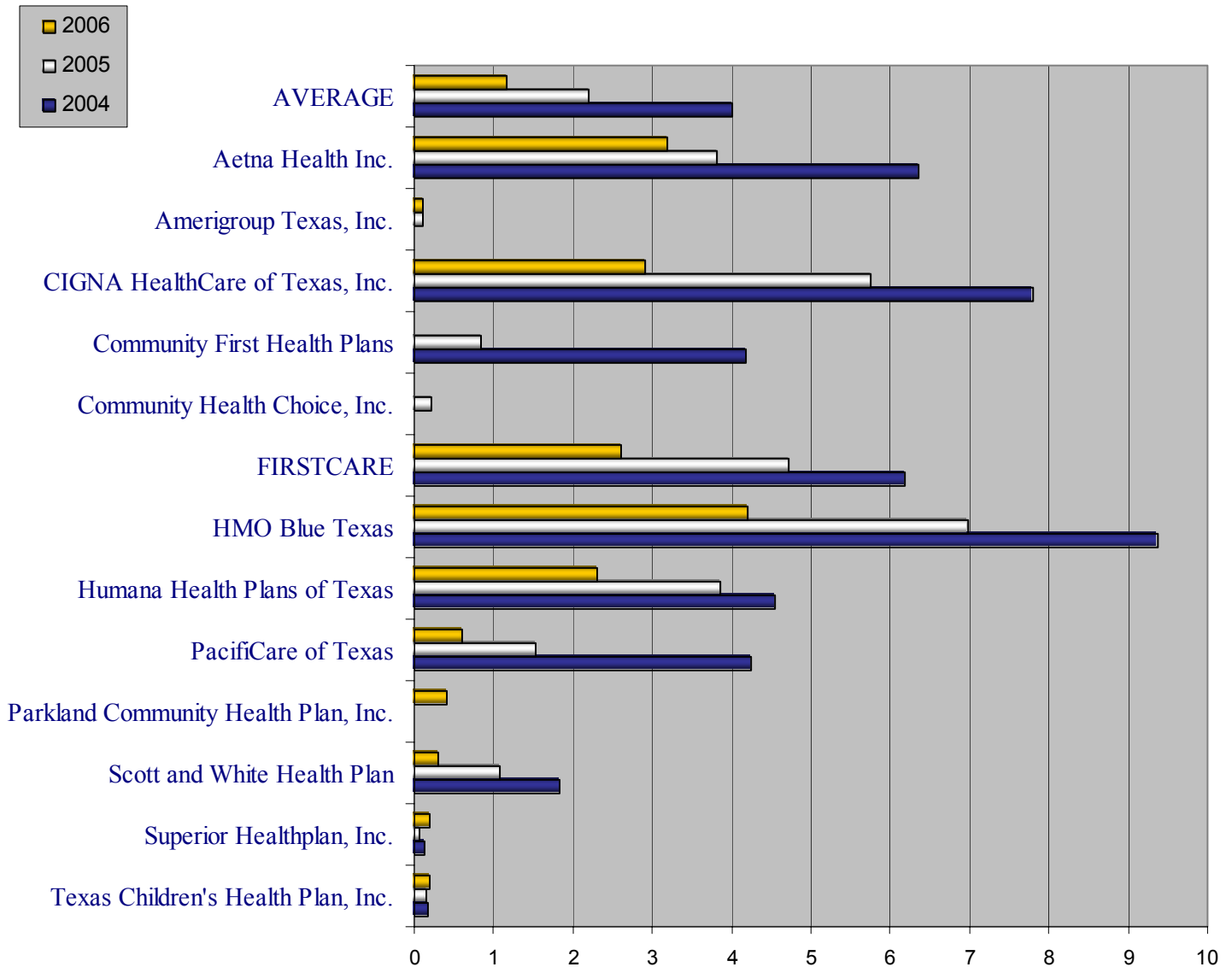
Source: Texas Department of Insurance  
2002 - 2006

### How does your plan compare to the others?

The charts and tables that follow will help you determine how your HMO plan compares to others in Texas in terms of the number of complaints (patient, provider and combined) filed with the TDI per 10,000 members enrolled in the plan. Unlike the customer survey portion of this report, the complaint data is reported at the state-wide level. HMOs are grouped together depending on whether their enrollment was above or below 50,000 members.

# Patient\* Complaints Per 10,000 Enrollees

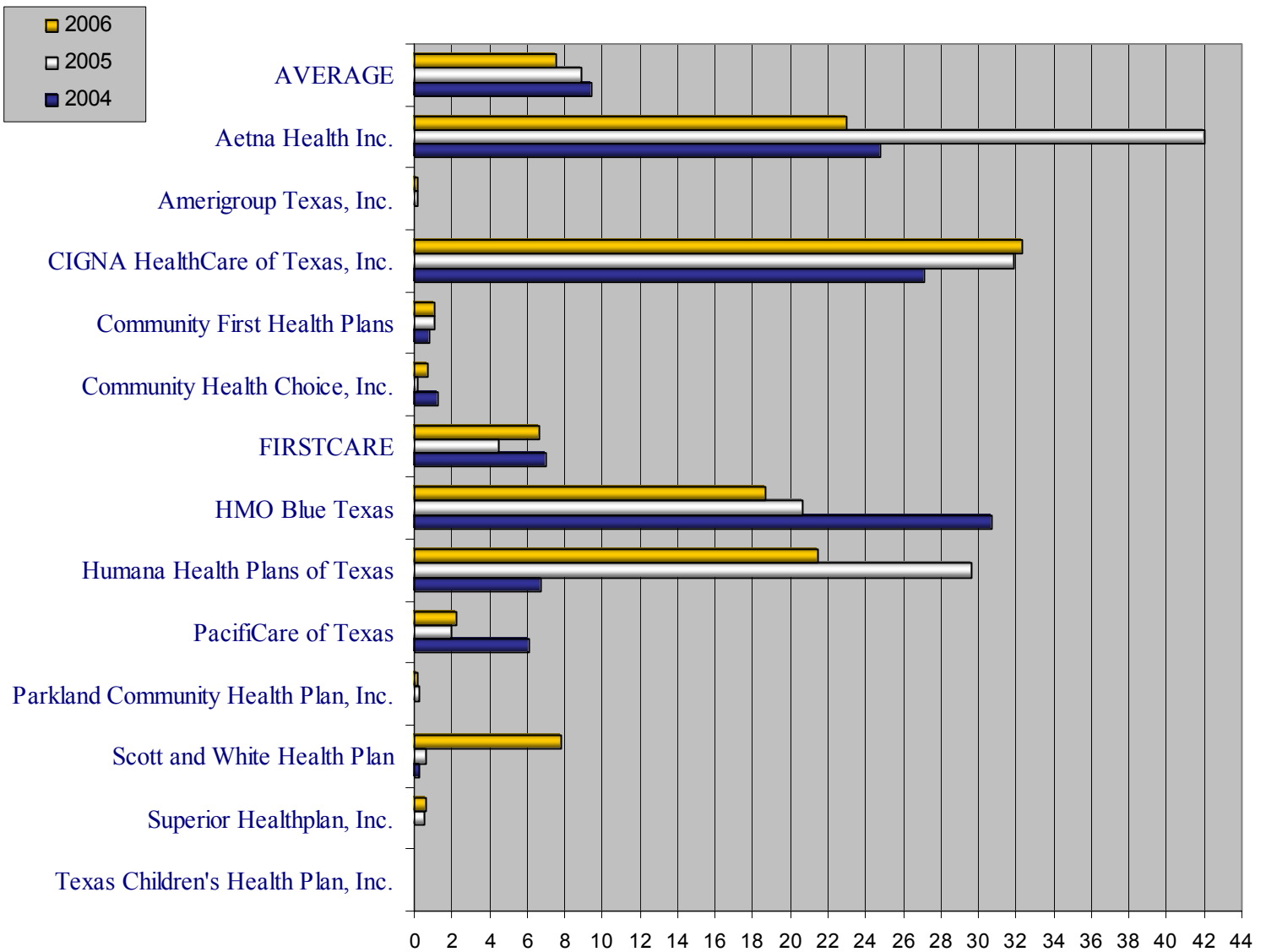
## HMOs With More than 50,000 Enrollees



Source: Texas Department of Insurance  
July 1, 2003 – June 30, 2006

\* Includes complaints filed on behalf of patient by others.

# Health Care Provider\* Complaints Per 10,000 Enrollees

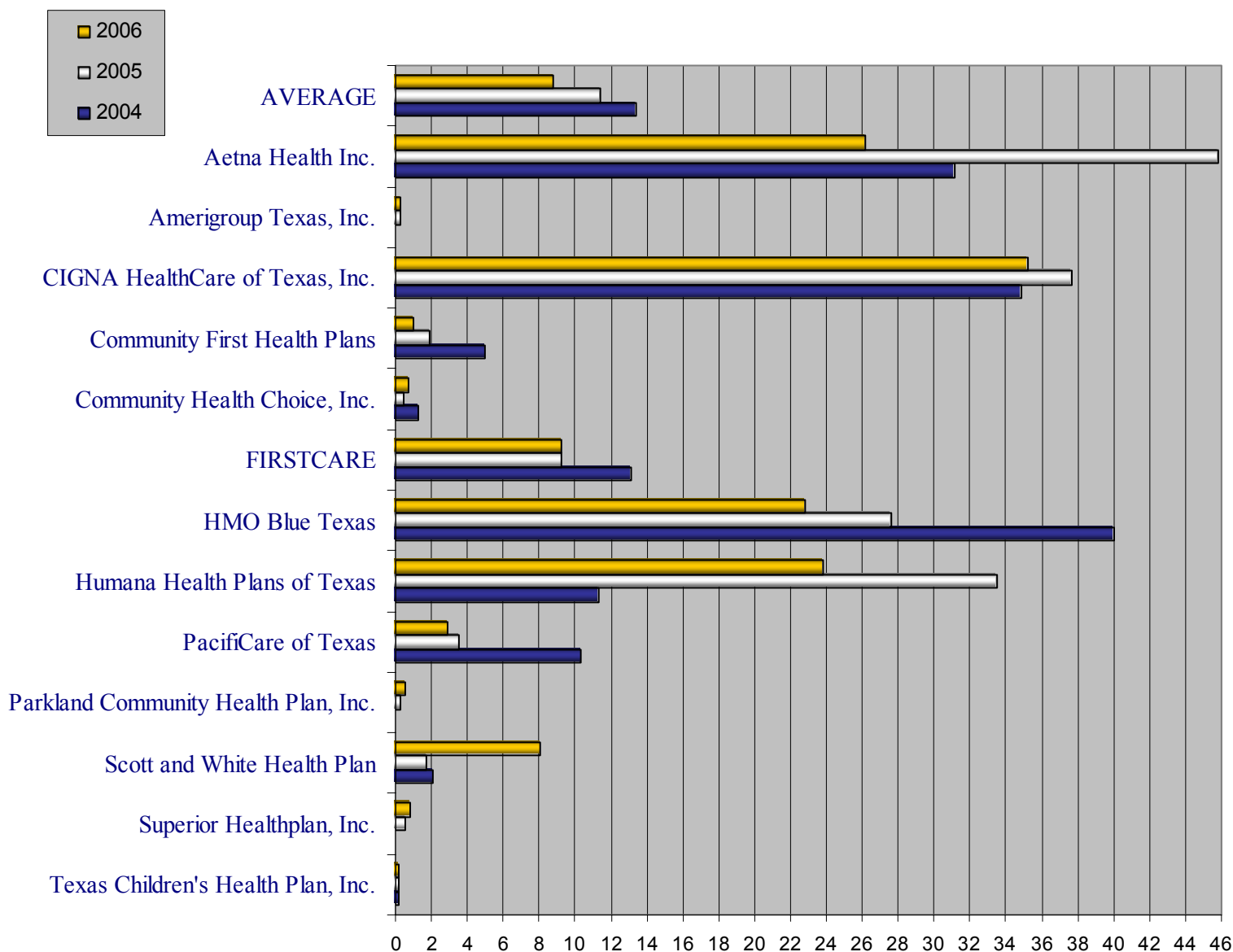


Source: Texas Department of Insurance  
July 1, 2003– June 30, 2006

\* Includes doctors, hospitals, contracted and non-contracted providers.

# Combined (Patient/Provider) Complaints Per 10,000 Enrollees

## *HMOs With More than 50,000 Enrollees*



Source: Texas Department of Insurance  
July 1, 2003 – June 30, 2006

**Total Complaint Data\***  
**July 1, 2005—June 30, 2006**  
**Basic Service HMOs With Enrollment Above 50,000**

	Ending Enrollment Dec. 31,2005	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
<b>Aetna Health Inc.</b>	<b>293,557</b>	<b>675</b>	<b>93</b>	<b>768</b>	<b>23.0</b>	<b>3.2</b>	<b>26.2</b>
<b>Amerigroup Texas, Inc.</b>	<b>398,974</b>	<b>6</b>	<b>2</b>	<b>8</b>	<b>0.2</b>	<b>0.1</b>	<b>0.2</b>
<b>CIGNA HealthCare of Texas, Inc.</b>	<b>66,554</b>	<b>215</b>	<b>19</b>	<b>234</b>	<b>32.3</b>	<b>2.9</b>	<b>35.2</b>
<b>Community First Health Plans</b>	<b>77,265</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>1.0</b>	<b>0.0</b>	<b>1.0</b>
<b>Community Health Choice, Inc.</b>	<b>53,452</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0.7</b>	<b>0.0</b>	<b>0.7</b>
<b>FIRSTCARE</b>	<b>86,971</b>	<b>58</b>	<b>23</b>	<b>81</b>	<b>6.7</b>	<b>2.6</b>	<b>9.3</b>
<b>HMO Blue Texas</b>	<b>247,010</b>	<b>461</b>	<b>104</b>	<b>565</b>	<b>18.7</b>	<b>4.2</b>	<b>22.9</b>
<b>Humana Health Plans of Texas</b>	<b>90,822</b>	<b>195</b>	<b>21</b>	<b>216</b>	<b>21.5</b>	<b>2.3</b>	<b>23.8</b>
<b>PacifiCare of Texas</b>	<b>132,117</b>	<b>30</b>	<b>8</b>	<b>38</b>	<b>2.3</b>	<b>0.6</b>	<b>2.9</b>
<b>Parkland Community Health Plan, Inc.</b>	<b>109,857</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>0.2</b>	<b>0.4</b>	<b>0.5</b>
<b>Scott and White Health Plan</b>	<b>166,801</b>	<b>130</b>	<b>5</b>	<b>135</b>	<b>7.8</b>	<b>0.3</b>	<b>8.1</b>
<b>Superior Healthplan, Inc.</b>	<b>161,749</b>	<b>10</b>	<b>4</b>	<b>14</b>	<b>0.6</b>	<b>0.2</b>	<b>0.9</b>
<b>Texas Children's Health Plan, Inc.</b>	<b>135,389</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0.0</b>	<b>0.2</b>	<b>0.2</b>
<b>TOTAL/AVERAGE BASIC SERVICE<sup>1</sup> (Plans &gt; 50,000 Enrollment)</b>	<b>2,020,518</b>	<b>1,794</b>	<b>286</b>	<b>2,080</b>	<b>7.5</b>	<b>1.2</b>	<b>8.8</b>

\* Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. Complaints were counted as follows: a) Owner = HMO, b) Subject of Complaints does not = ERISA, c) Line of Coverage = Group A&H and using a combination of unique complaint ID, reason for complaint, and correspondent. Additional records with the same ID and reason as those already counted are excluded.

Footnotes

<sup>1</sup> Average complaint ratios for plans with enrollment greater than 50,000 are calculated excluding the high and low value in each column.

# Total Complaint Data\*

## July 1, 2005—June 30, 2006

### Basic Service HMOs With Enrollment Below 50,000

	Ending Enrollment Dec. 31, 2005	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
<b>Cook Children's Health Plan</b>	<b>28,231</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>El Paso First Health Plans, Inc.</b>	<b>45,508</b>	<b>10</b>	<b>2</b>	<b>12</b>	<b>2.2</b>	<b>0.4</b>	<b>2.6</b>
<b>Great-West Healthcare of Texas, Inc.</b>	<b>9,003</b>	<b>15</b>	<b>2</b>	<b>17</b>	<b>16.7</b>	<b>2.2</b>	<b>18.9</b>
<b>Mercy Health Plans</b>	<b>11,857</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0.8</b>	<b>0.0</b>	<b>0.8</b>
<b>Seton Health Plan</b>	<b>16,577</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>2.4</b>	<b>2.4</b>	<b>4.8</b>
<b>UNICARE Health Plans</b>	<b>18,802</b>	<b>7</b>	<b>3</b>	<b>10</b>	<b>3.7</b>	<b>1.6</b>	<b>5.3</b>
<b>United Healthcare of Texas, Inc.</b>	<b>37,512</b>	<b>147</b>	<b>8</b>	<b>155</b>	<b>39.2</b>	<b>2.1</b>	<b>41.3</b>
<b>UTMB Health Plans, Inc.</b>	<b>25,310</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Valley Baptist Health Plan</b>	<b>11,280</b>	<b>1</b>	<b>7</b>	<b>8</b>	<b>0.9</b>	<b>6.2</b>	<b>7.1</b>
<b>TOTAL/MEDIAN BASIC SERVICE<sup>1</sup> (Plans &lt; 50,000 Enrollment)</b>	<b>204,080</b>	<b>185</b>	<b>26</b>	<b>211</b>	<b>2.2</b>	<b>1.6</b>	<b>4.8</b>

\* Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. Complaints were counted as follows: a) Owner = HMO, b) Subject of Complaints does not = ERISA, c) Line of Coverage = Group A&H and using a combination of unique complaint ID, reason for complaint, and correspondent. Additional records with the same ID and reason as those already counted are excluded.

#### Footnotes

<sup>1</sup>Overall complaint ratios for plans are based on the median due to the high level of variability among plans.

# Appeals and Complaints

If your health plan refuses to pay for health care that you or your physician thinks is necessary or appropriate, you have the right to appeal its decision. When your health plan makes such a refusal, it must also tell you how to use its internal appeals process.

If your appeal is denied, you have the right to request a review by a neutral third party called an Independent Review Organization (IRO). The IRO has 20 days to issue its decision.

If your condition is life threatening, you may go directly to the IRO without using your plan's internal appeals process. The IRO then has 8 days to issue its decision. HMOs are required to pay for the IRO appeal process and comply with the IRO's decision.

You may be able to take legal action against an HMO if you have been harmed by its health care treatment decisions.

Complaints against HMOs may be filed with the Texas Department of Insurance (TDI). Complaints against health care providers should also be directed to the appropriate licensing or enforcement agency.

For more information on independent review or filing complaints (and other patient's rights), contact the TDI's IRO Information Line (888) 834-2476 and Consumer Help Line (800) 252-3439.

<b>IRO Appeals</b> July 1, 2005 to June 30, 2006	<b>Cases</b>	<b>Cases Decided in Favor of HMO</b>	<b>Cases Decided in Favor of Patient / Enrollee</b>	<b>Cases Decided Partially in Favor of Both</b>
<b>Aetna Health Inc.</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>1</b>
<b>CIGNA HealthCare of Texas, Inc.</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>
<b>Community First Health Plans</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Cook Children's</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>FIRSTCARE</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>HMO Blue Texas</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>PacifiCare of Texas</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Superior Health Plan</b>	<b>14</b>	<b>8</b>	<b>6</b>	<b>0</b>
<b>UNICARE Health Plans</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>TOTAL</b>	<b>36</b>	<b>20</b>	<b>15</b>	<b>1</b>

